

JC05 Rec'd PCT/PTO 18 MAR 2005

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: METHOD FOR PREPARING A
POLYCARBOXYLIC COMPOSITION
COMPRISING AN ELECTROCHEMICAL
OXIDATION STAGE OF A
MONOSACCHARIDE COMPOSITION
Attorney Docket Number:: 0600-1038
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: FRANCIS
Middle Name::
Family Name:: MARSAIS
Name Suffix::
City of Residence:: ROUEN
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 15 RUE F. COUPERIN
Address::
City of Mailing Address:: ROUEN
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 76000

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: CHRISTIAN
Middle Name::
Family Name:: FEASSON
Name Suffix::
City of Residence:: BIHOREL LES ROUEN
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 2A RUE SAINTE VENISE
Address::
City of Mailing Address:: BIHOREL LES ROUEN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 76420

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: GUY

Middle Name::

Family Name:: QUEGUINER

Name Suffix::

City of Residence:: BIHOREL LES ROUEN

State or Province of
Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 37 RUE E. BRANLY

Address::

City of Mailing Address:: BIHOREL LES ROUEN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 76420

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MATHIAS

Middle Name::

Family Name:: IBERT

Name Suffix::

City of Residence:: ROUEN

State or Province of
Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 2 RUE A. MEREAUX

Address::

City of Mailing Address:: ROUEN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 76000

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: SERGE

Middle Name::

Family Name:: COMINI

Name Suffix::

City of Residence:: LA GORGUE

State or Province of
Residence::

Country of Residence:: FRANCE

Street of Mailing 42 RUE DE BEAUPRE

Address::

City of Mailing Address:: LA GORGUE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 59253

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN-MARC

Middle Name::

Family Name:: GROSSEL

Name Suffix::

City of Residence:: MERVILLE

State or Province of
Residence::

Country of Residence:: FRANCE
Street of Mailing 14 RUE DES VIOLETTES
Address::
City of Mailing Address:: MERVILLE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 59660

Correspondence Information

Correspondence Customer
Number::

00466

Representative Information

Representative Customer Number::	00466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2003/002702	9/12/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/11546	9/18/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::